Name in Full: Charles Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grantsville; County: Garrett

Date of death 1904: Month: Sept; Day: 1; Age: Years: 58; Months: 4; Days: 5

Sex: Male; Color or Race: White; Birthplace: Grantsville Md

Married, Single or Widowed: Married; Occupation: Custom House Service

Name of Wife or Husband: Lillie Shulyman

Father's Name: Henry Brown; Father's Birthplace: Md

Mother's Maiden Name: Harriette M Shutts; Mother's Birthplace: Md

Name of person giving Information: Geo L Brown; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy; How long: 15 Years

Immediate: Hemorhage from Uraemia in throat; How long: 14 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G L Brown

Address: Grantsville Md

~~Accident or~~ Suicide?

LIBRARY BUREAU A66516

Name in Full: Lydia Burk Holden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Beaverville — County: Garrett

Date of death: 1904 Month: Sept Day: 24 — Age: Years: 72 Months: - Days: -

Sex: Female — Color or Race: White — Birthplace: ———

Occupation: Nurse — Where Residing if not at place of death: Home

~~Married, Single or~~ Widowed — Name of Wife or Husband:

Father's Name: ——— — Father's Birthplace:

Mother's Maiden Name: ——— — Mother's Birthplace:

Name of person giving information: J P Holden — How related to deceased: No Relat

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: One year

Immediate: Failure — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Correct

Signature of Physician: H B Frundtangh M D

Address: Grantsville Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Wilbourn Eyghorn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: accident — County: Garrett

Date of death 1904: Month: Sept — Day: 8 — Age: Years: 60 — Months: 5 — Days: 20

Sex: Male — Color or Race: White — Birthplace: Accident

Occupation: Farmer — Where Residing if not at place of death: Accident

Married, Single or Widowed: Married — Name of Wife or Husband: Lizzie Eyghorn

Father's Name: Michael Eyghorn — Father's Birthplace: Germany

Mother's Maiden Name: Rebecca Eyghorn — Mother's Birthplace: Germany

Name of person giving information: J. Eyghorn — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident — How long

Immediate: Internal injury Shock & Hemorrhage — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H.R. Bayes

Address: Accident

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: A. C. Fizzell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sang Run County: Garrett

Date of death 190 + Month: Sept Day: 28 Age: Years: 75 Months Days

Sex: Male Color or Race: White Birthplace: Md

Occupation: None Where Residing if not at place of death: ✓

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fractured Femur How long: 5 weeks

Immediate: Cardiac Asthenia How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Seggar

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: Margret - Kolb - +

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Accident — County: Garrett

Date of death 1904: Month: Sept — Day: 17 — Age: Years: 7 — Months: 2. — Days: 6

Sex: Female — Color or Race: White. — Birthplace: Germany

Occupation: House wife — Where Residing if not at place of death: Accident

Married, Single or Widowed: Widow — Name of Wife or Husband: /

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno Kraus — Father's Birthplace: Germany

Mother's Maiden Name: Fenigh Dano Kraus — Mother's Birthplace: Germany

Name of person giving Information: Solomon Glotz — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Accident~~ Debility — How long: 3 or 4 years

Immediate: ~~Accident~~ Dropsy — How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician: H. R. Boyer

Address: Accident

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: George W Maile Sr +

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deer Park — County: Garrett

Date of death: Month: Sept — Day: 7 — Year: 1904 — Age: Years: 83 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Farmer — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Monah Maile

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: S Hemburg — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age — How long: several months

Immediate: do — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Lemon

Address: Deer Park

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Karl Matutsch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cecilton Mines; County:

Date of death: Month: Sept; Day: 23; 1904

Age: Years: 11; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Penna

Occupation: Schoolboy

Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓

Name of Wife or Husband: ✓

Father's Name: Mr Matutsch

Father's Birthplace: Germany

Mother's Maiden Name:

Mother's Birthplace: Germany

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Diphtheria

How long: 5 days

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Infant Child Meyers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Buffalo Run — County: Garrett

Date of death 1904 — Month: Sept. — Day: 6th

Age — Years: — Months: — Days: 20

Sex: Male

Color or Race: White

Birthplace: Buffalo Run Md.

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Meyers

Father's Birthplace: Near Friendsville Md

Mother's Maiden Name: Mary "Thomas" Meyers

Mother's Birthplace: Buffalo Run Md

Name of person giving information: Jefferson Frazer

How related to deceased: Father & Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum

How long: 7 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M.E. Frazer Undertaker

Address: Friendsville Md

Accident or Suicide?

LIBRARY BUREAU A06516

Name in Full: Bessie Morrison X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakland — County: Garrett

Date of death: Month: Sept — Day: 21 — Years: Age 1 — Months: 3 — Days: —

Sex: Girl — Color or Race: White — Birthplace: W Va

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jerome Morrison — Father's Birthplace: W Va

Mother's Maiden Name: Nannie Wolf — Mother's Birthplace: Md

Name of person giving information: Mrs Morrison — How related to deceased: Mother

90

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: 4 days

Immediate: 4 — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J Ed Legge

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Georgie Moshaeder X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Herman; County: Garrett

Date of death 1907: Month: Sept; Day: 20"; Age: Years: 10; Months; Days

Sex: Female; Color or Race: White; Birthplace: Ur.Va

Occupation: Schoolgirl; Where Residing if not at place of death: ✓

Married, Single or Widowed: Single; Name of Wife or Husband: ✓

Father's Name: Moshaeder; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Articular Rheumatism; How long: 2 wks

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. C. Leggett M.D.

Address: Oakland Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Rev Mr Pearson X

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Swanton; County: Garrett

Date of death: Month: Sept; Day: 16; Years: Age 77; Months; Days

Sex: male; Color or Race: white; Birthplace: W Va

Occupation: Clergyman; Where Residing if not at place of death: Berkeley Springs W Va

Married, Single or Widowed: married; Name of Wife or Husband: Julia W Norvell

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease; How long: About 3 yr.

Immediate: Angina Pectoris; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G Frazenbaker M D

Address: Swanton Md.

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full: Clyde Shartzer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Grundsville — County: Garrett

Date of death 1904: Month: Sept. — Day: 5-th

Age: Years — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Grundsville

Married, Single or Widowed: single — Occupation:

Name of Wife or Husband:

Father's Name: Will Shartzer — Father's Birthplace: Elder Md

Mother's Maiden Name: Lilly Liston — Mother's Birthplace: Selbysport Md

Name of person giving In formetion: C. H. Liston — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: — How long:

Are the neme, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. E. Frazer. Undertaker

Address: Grundsville Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

Lydia Sisler

Certificate of Death

Died at Town: Lumyard County: Garrett MARYLAND

Date 1904 Month: Sept Day: 24 | Age Y.: 27 M.: 11 D.: 14 | Native of: W Va | Occupation: House wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: four

~~Husband~~ ~~Wife~~ of

Father's ~~Name~~: Thomas Sesler

Mother's Maiden Name: Martin Henline Rachel Harsh

Cause of Death — Primary: Typhoid

Immediate:

How long sick: About four weeks

~~Accident~~, Suicide, Homicide

Reported by: J. Gilbert A Selby M D

Address: Eglon W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Joseph A Sparker Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grantsville County: Garrett

Date of death 1904: Month: Sept Day: 14 Age: Years: 54 Months: 8 Days: 14

Sex: Male Color or Race: White Birthplace: Md Va

Married, Single or Widowed: married Occupation: Laborer

Name of Wife or Husband: Lizzie Knepp

Father's Name: Michl Sparker Father's Birthplace: Md

Mother's Maiden Name: Elizh Rhodes Mother's Birthplace: Va

Name of person giving information: Wm Mullo How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism Inflamatory How long: 3 weeks

Immediate: Heart Complication How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. T. Robinson MD

Address: Grantsville MD

Accident or Suicide?

LIBRARY BUREAU A66018

Name in Full: W. L. Stansbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Oakland — County: Garrett

Date of death: Month: Sept 8 — Day: 23 — Years: Age about 35 — Months — Days

Sex: Male — Color or Race: White — Birthplace: ✓

Occupation: Foreman — Where Residing if not at place of death: ✓

Married, ~~Single~~ or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Found dead in bed. Supposed to be Concussion — How long: Don't Know

Immediate " " " Cerebral Apoplexy — How long: Don't Know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Edgar Arnold MD

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Theodore Dunar

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bethesda — County: Garrett

Date of death 190 4: Month: Sept. — Day: 21

Age: Years: 70 — Months: 5 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Cumberland

Occupation: Laborer — Where Residing if not at place of death: Bethesda

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: George Dunar — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Bingle — Mother's Birthplace: Germany

Name of person giving In formation: Mrs Jacob Pick — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's disease — How long: 1 year

Immediate: Dysentery — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: K. R. Boyer M.D.

Address: Accident or Suicide?

LIBRARY BUREAU A6881Q

Name in Full: Mrs Lala Upperman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oakland — County: Garrett

Date of death: Month: Sept — Day: 18 — 1904

Age: Years: 23 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Farmers wife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: George Upperman

Father's Name: Wm Reynolds — Father's Birthplace: —

Mother's Maiden Name: Mrs Mary Pittman — Mother's Birthplace: Md

Name of person giving Information: Mr Upperman — How related to deceased: Father in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Several months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? do yes

Signature of Physician: J M Ravenscroft

Address: Oakland

Accident or Suicide?

LIBRARY BUREAU A88818